Further, a Bill to amend the Act has been introduced in the Rajya Sabha on 25.7.02 which *inter-alia* provides for the strict registration of facilities; maintenance of patients' records; and also stringent punishment for non-compliance;

In addition, Government is also Implementing various programs for assessing the health and *weW* being and empowerment of women.

Facilities in PHCs in Gujarat

†1280. SHRIMATI SAVITA SHARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that primary health centres in remote areas, especially in rural areas in Gujarat have been closed due to lack of adequate facilities;

(b) if so, whether Government have formulated any scheme to provide proper facilities in these health centres; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTR> OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) No, Sir. As per information available, no Primary Health Centres have been closed down in Gujarat due to lack of adequate facilities. Primary Health Centres have been upgraded relocated for the following reasons. Upgradation into Community Health Centres; relocation for geographical convenience; and shifting in accordance with the mapping exercise undertaken to serve newly created districts. In no case, therefore, has any Primary health Centre been closed down and all cases of Upgradation/Relocation have been undertaken in accordance with the resolution of the Panchayati Raj Institutions.

Deaths Due to TB

1281. MISS MABEL REBELIO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of deaths in the country due to Tuberculosis during the last five years, Stale-wise;

(b) whether it is a fact that there is no remarkable reduction in the number of deaths due to Tuberculosis in the country;

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†Original notice of the question was received in Hindi.

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(c) if so, the reasons therefor;

(d) the number of DOTS centres in the country, as on date. State-wise;

(e) the number of patients completed their treatment from DOTS centres during the last three years, State-wise; and

(f) the number .of patients defaulted during last three years alongwith reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI SHATRUGHAN SINHA): (a) Deaths are not reported under the National TB Control Programme. It is estimated the about 5 lac patients die of TB every year in the country. Under Revised National TB Control Programme (RNTCP), the deaths due to TB are monitored. The number of deaths due to TB reported under RNTCP during the last five years are given at Statement-I *(See* below).

(b) No, Sir. Under the Revised National TB Control Programme there is seven fold reduction in deaths due to TB as compared to deaths under previous Programme, since launching of the revised strategy in 1997, about 2.3 lakh deaths have been averted.

(c) Does not arise.

(d) It is not possible to keep record of DOTS centers since anybody accessible and acceptable to the patient and accountable to health system can function as a DOT provider.

(e) State-wise number of patients completed treatment under DOTS strategy during the last three years is given in Statement-II *(See* below).

(0 Number of pajients defaulted under DOTS strategy during the last three years are as under:

Year	No. of patients defaulted
1999	13963
2000	23560
2001* (Jan. to Sept,)	20826

*For the year 2001, treatment outcome is due only upto September, 2001.

The proportion of number of patients put on tretment under RNTCP and defaults has been same but the numoer has increased due to increased coverage of population under RNTCP.

The reasons for default are as follows :

- Migration due to personal and other reasons
- Associated illness
- Long duration of treatment
- Stigma attached to disease resulting in providing of wrong address
- Lack of knowledge

Statement-I

State-wise No. of deaths among TB patients under RNTCP during last 5 years

State	1997	1998	1999	2000	2001 (Jan-Sept)
Andhra Pradesh	143	189	232	232	476
Assam		2	22	97	53
Bihar	31	17	94	159	106
Delhi	169	166	656	477	298
Gujarat	88	L56	732	1896	1247
Haryana				216	147
Himachal Pradesh	23	59	178	238	185
Jharkhand				25	51
Karnataka	25	40	109	308	526
Kerala	20	T26	411	684	547
Madhya Pradesh	6	8	134	188	85
Maharashtra	125	162	1261	1257	1297
Manipur		9	57	65	23
Orissa	6	252	460	479	311
Punjab					12
Rajasthan	33	58	367	1762	1801
Tamil Nadu	4	4	234	618	841

State	1997	1998	1999	2000-2001	(Jan Sept.)
Uttar Pradesh	21	61	248	632	47V
West Bengal	70	64	663	1004	1136
TOTAL:	764	1373	5858	10337	9619

Blank entry means that during that particular year RNTCP had not been introduced.

For the year 2001, treatment outcome is available only up to September 2001.

The proportion of number of patients put on treatment under RNTCP & TB deaths occuring has been same, but the number has increased due to increased coverage under RNTCP.

Statement-II

Number of TB patients who completed treatment successfully under DOTS during last 3 years

State	1999	2000-2001	(Jan-Sept.)
Andhra Pradesh	4973	5346	7070
Assam	638	1246	683
Bihar	1685	3584	3235
Delhi	16676	15170	10799
Gujarat	9850	26602	19415
Haryana		3318	2563
Himachal Pradesh	3774	5593	4398
Jharkhand		464	1905
Karnataka	1829	4439	7079
Kerala	8044	13979	10124
Madhya Pradesh	3099	4243	2407
Maharashtra	17537	21724	19256
Manipur	853	1396	724
Orissa	7226	8678	5348
Punjab			226
Rajasthan	8120.	33367	34128

State	1997	1998	1999	2000-2001	(Jan-Sept)
Tamil Nadu			5611	11892	14987
Uttar Pradesh			6462	12869	11809
West Bengal			15676	24229	21403
TOTAL:			112053	198139	177559

For the year 2001, treatment outcome is due only up to September 2001

News-item "Blood Stocks Fall after Change in Doctors' Duty Hours"

1282. SHRI P. PRABHAKAR REDDY: Will the Minister of HEALTH ANQ FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item captioned, "Blood stocks fall after change in doctors' duty hours", whicl> appeared in the Hindustan Times, dated the 3rd November, 2002;

(b) if so, Government's reaction thereto; and

(c) the steps proposed to be taken to address the problem raised in the report?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir.

(b) and (c) The IRCS Blood Bank, Delhi operates without a Medical Officer during the night shift, as a cost cutting measure, due to which the Blood Banfc can not collect blood during the night. This was done as they have noticed over a period of time that very tew clients or donors, come to their blood bank during the night. This has not resulted in either a fall in their blood stocks or is it affecting the issue of blood to Thalassemia patients. However, we will once again examine Ibis matter for remedial action.

Cost-effective Healthcare to General Public

1283. SHRI DINA NATH MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether Government propose to promote limited number of essential drugs in order to provide cost effective healthcare to general public;